



<http://www.dshs.state.tx.us/mold>
 In Texas Only: (800) 572-5548
 Local (512) 834-6600
 Fax: 512-834-6614

FOR DSHS USE ONLY
BUDGET/FUND: ZZ154-092

Remit #: _____

Remit Date: _____

Mold Analysis Laboratory License Application/Renewal

DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY

Rcvd Date: _____ Init. _____	Amt Rcvd: \$ _____ FY: _____
Post Mark Date: _____	Expiration Date: _____ Init _____
Rvw Date: _____ Init _____	Print Date: _____ Init _____
Aprv Date: _____ Init _____	Mail Date: _____ Init _____

PLEASE COMPLETE THE FOLLOWING

If renewing: Enter your current license/registration number: _____ Expiration Date: _____

- Corporation
 LLP (Limited Liability Partnership)
 LLC (Limited Liability Company)
 LP (Limited Partnership)
 Sole Owner/Proprietorship
 Partnership
 DBA (Doing Business As)
 NON-PROFIT
 GOVERNMENT ENTITY

 Legal Business Name ()
Telephone Number (include area code)

 DBA Name (if applicable) State Tax Payer's identification number

 Laboratory Physical Address (include suite #) City State Zip Code

 Texas Physical Address (include suite #) *Note: An office in Texas is required as per §295.305(d)

 License Mailing Address (include apartment #) City State Zip Code

 Responsible Person's Name Responsible Person's Date of Birth Responsible Person's Telephone Number (include area code)

CERTIFICATION: I certify that I am authorized by the company/applicant to make this application and to sign on its behalf. I have read and understand the applicable rules and agree on behalf of the applicant to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a license. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

 Signature of Owner or Responsible Person

 Date

Mailing address for applications containing money:

Department of State Health Services MC 2003
 Environmental & Sanitation Licensing Group
 PO Box 149347
 Austin, Texas 78714-9347

Address for all other mail (FedEx, UPS, etc.)

Department of State Health Services MC 2835
 Environmental & Sanitation Licensing Group
 PO Box 149347
 Austin, Texas 78714-9347

IMPORTANT INFORMATION

- You may pay for your license online at <http://www.dshs.state.tx.us/mold> and mail license requirements & copy of online payment to address provided on page one. License requirements must be postmarked prior to expiration of license.

The following documentation is required for licensure in accordance with §295.317 of the Texas Mold Assessment & Remediation Rules:

Requirements for new or renewal

1. License Fee: **\$1,030.00**
2. Evidence of ONE of the following: **(Include requirement for each branch office)**
- a. The laboratory is accredited by the American Industrial Hygiene Association under the Environmental Microbiology Laboratory Accreditation Program (EMLAP);
 - b. The laboratory is accredited or certified by a program deemed equivalent by the department for the preparation and analysis of mold;
 - c. All individuals who will analyze mold samples are accredited by the Pan-American Aerobiology Certification Board or a program deemed equivalent by the department, if the laboratory will analyze only non-culturable samples; or
 - d. All individuals who will analyze the mold samples: (if qualifying under (d) provide a statement listing all individuals who will analyze mold samples.)
 - a. have at least a bachelor's degree in microbiology or biology;
 - b. have completed training through the McCrone Research Institute OR by a program deemed equivalent by the department; and
 - c. have at least three years of experience as a mold microscopist.
3. Evidence that mold activity at the lab is overseen by a fulltime mycologist or microbiologist with either: **(Include fulltime mycologist or microbiologist for each branch office)**
- a. an advanced academic degree **or**
 - b. a minimum of two years in mold analysis in a laboratory setting.
4. Proof of compliance with the insurance requirement specified in [25 TAC 295.309](#). **(Include requirement for each branch office)**
5. The name, address and occupation of each person that has an ownership interest of 10% or more in the laboratory.
6. The name of each individual designated as a responsible person. **(Include requirement for each branch office)**
7. A list of each branch office that includes:
- a. Physical address and phone number.
 - b. Name of responsible person
 - c. Name of full-time mycologist

PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us/> for more information on Privacy Notification. (Reference: Governor Code, Section 552.021, 552.023, 559.003 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Dirijase a <http://www.dshs.state.tx.us/> para más información sobre la Notificación sobre privacidad. (Referencia: *Government Code*, sección 552.021, 552.023, 559.003 y 559.004.)